



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Rec'd 4/28/03  
Fiore

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
Commissioner

Dennis P. Whalen  
Executive Deputy Commissioner

April 22, 2003

Michael Fiore, Director  
Division of Integrated Health Systems  
Center for Medicaid and State Operations  
Centers for Medicare and Medicaid Services Room S2-01-16  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Mr. Fiore:

The New York State Department of Health requests approval of the enclosed application for Allegany County to participate in the New York Non-Emergency Transportation Waiver Program. The waiver, permitted pursuant to Section 1915(b)(4) of the Social Security Act, allows the Department to provide more cost-effective transportation for Medicaid recipients who need access to necessary medical care and services and have no other means of transportation.

The enclosed application, and four copies, contain a detailed description of the Allegany County initiative. A copy of this application has been mailed to Mr. Melendez.

If you have any questions about our waiver application, please contact Timothy Perry-Coon of my staff at (518) 474-9219. Thank you for your consideration.

Sincerely,

Kathryn Kuhmerker  
Deputy Commissioner  
Office of Medicaid Management

Enclosures

# **Allegany County Non-emergency Transportation Program**

## ***SECTION 1915(b)(4) of the Social Security Act***

### **I. INTRODUCTION**

Please provide a short narrative description, in one page or less, of your program, the background to your program and any other information relating to your request for a Medicaid transportation waiver.

The New York State Department of Health (the Department) is requesting approval by the Secretary of Health and Human Services for a Section **1915(b)(4)** Medical Assistance waiver for the Allegany County Department of Social Services (DSS). This proposed waiver, named the Allegany County Non-emergency Transportation Program, is necessary to allow the State the flexibility to arrange for and assure necessary transportation in the most cost-effective manner based on the demographics and transportation resources in Allegany County.

New York State has great geographic diversity, from the very urban New York City (NYC) to the very rural North Country near the Canadian border. Additionally, the availability of transportation providers varies greatly from the intricate subway system in NYC to the use of rural buses in less populated areas. The Section **1915(b)(4)** transportation waiver provides the local department of social services (LDSS, county, district) the flexibility to use the most efficient and cost-effective means of transporting Medicaid recipients to medically necessary care and services, based upon the resources and demographics in their particular counties.

The purpose of the Allegany County Non-emergency Transportation Initiative is to provide this alternative coordination of non-emergency transportation for maximum efficiency and cost-effectiveness without sacrificing the quality of service delivery.

### **Description of the Administration of New York State Medicaid Transportation**

The Department, the single state Medicaid agency, has divided the State into 58 local social services districts (each county in the State is a district,

except for the five counties encompassed by the City of New York, which as a group is one district). Each district has been delegated by the Department to administer its own medical transportation program. Under this authority, the district:

1. Arranges for and has available all modes of transportation; this includes arrangements with transportation providers in the area; and
2. Authorizes payment for the individual transports which the district deems appropriate and necessary.

Delegation to the LDSS provides the most efficient management, since the district has direct knowledge of the transportation needs of recipients living in the district and the available transportation network. Each district shares the costs of Medical Assistance. For transportation, the county LDSS share is 25%. Districts administer their transportation program in strict accordance with Department regulation and policy.

The Department requires each district to submit a detailed plan to the Department outlining:

1. How the district will assure necessary transportation for all modes of transportation;
2. The district's prior authorization process; and,
3. The complaint procedure in place for recipients.

This plan, called the district's Title XIX Medical Transportation Plan, is reviewed and approved by the Department. Any changes in the way the district administers its transportation program must be submitted to the Department for approval. Once approved, the district must amend the district transportation plan.

The Department retains sole authority to approve the reimbursement amounts established by the district for reimbursement of transportation expenditures. The LDSS submits rate requests to the Department. The Department compares the rate request to like counties. If the rate is within the range of comparative counties, the rate is approved. If not, the Department will deny the request but suggest alternate rates that are acceptable. If this alternative is acceptable to the LDSS, the Department will approve this modification and amend the LDSS plan.

The Department provides policy guidance to all districts and works with district staff to improve the district's transportation program.

## **Waiver Program Intent**

The intent of the Allegany County DSS waiver proposal is to solicit a transportation provider (coordinator) who would either deliver, or subcontract with other transportation providers to deliver, all necessary non-emergency transportation for that district at a flat monthly reimbursement amount. The necessity of this coordination is crucial to Allegany County because of its rural location, the relative number of transportation providers, as well as the unpredictable winter snow and road conditions.

The Allegany County Non-emergency Transportation Initiative will look at actual historical county expenditures and solicits bids for a coordinator to do the non-emergency transportation and coordination for at least 5% below the costs they expect to incur under a fee-for-service arrangement.

Regardless of the actual number of transports delivered, the district will pay the coordinator the same monthly amount agreed upon under the contract.

The district refers recipients who are in need of transportation to medically necessary care and services to the transportation coordinator. The coordinator, in turn, achieves efficiencies by establishing fixed routes and grouping transports to medical appointments.

When feasible or necessary, the coordinator will subcontract with another provider, such as an ambulance provider, to deliver appropriate non-emergency transportation. However, the coordinator will not be required to subcontract with every transportation provider who wishes to be a subcontractee.

Under this method, the coordinator is the only participating non-emergency Medicaid transportation provider in the district. Recipients who require transportation services to medically necessary care and services must use the coordinator for their transportation needs. Even though there may be other transportation providers available in the community, no Medicaid reimbursement will be made directly to these other transportation providers.

Recipients will not have the freedom to choose any transportation provider, even those providers who subcontract with the coordinator. It will be the coordinator's decision how the recipient will be transported to medically necessary care and services. Transportation will be provided in

the most efficient and cost-effective manner.

The coordinator will be required to follow the regulations and policy of the Department as they pertain to transportation services, and must compel all subcontractees to comply with those same regulations and policy. The district will monitor the performance of the coordinator to ensure compliance with regulation and policy.

Recipients will maintain their right to an Allegany DSS conference and a Department Fair Hearing regarding any modification or denial of one's request for transportation services.

Payments to a coordinator may be made as a program expenditure, and will be eligible for federal financial participation at the medical services rate.

### **Waiver Program Justification**

This waiver is being requested to allow the Allegany County DSS flexibility in arranging for cost-effective transportation services while fulfilling the federal requirement at Part 42 CFR 431.53 that the State "...will assure necessary transportation for recipients to and from providers."

Coordinated transportation will result in necessary transportation services being delivered to recipients at a savings of 5% or more from expenditures expected to be incurred under a fee-for-service arrangement.

Other districts have achieved successful cost savings using similar cost-effective approaches to provide transportation. For example, in some districts, the coordinator of waiver transportation has become the county transit authority, thereby using the public bus system to more economically transport Medicaid and non-Medicaid residents along the same, well-traveled routes. Employment programs, for example, are able to use the coordination approach for transportation of employable adults to job sites. The joint use of transportation services allows local government entities to spend scarce financial resources wisely.

This request also furthers the shared goal of the Department of Health and Human Services and the Federal Transit Administration to coordinate human services transportation. This request allows a district greater flexibility in coordinating its Medicaid transportation services with other human service agencies.

History of Transportation in Allegany County: Pre-Calendar Year 2000

The Allegany County DSS provided fee-for-service Medicaid transportation through two distinct methods: use of transportation providers, and the use of individual private drivers. Transportation providers included ambulance and ambulette vendors, who delivered adequate transportation in a safe and effective manner.

The private driver method was utilized due to the lack of taxi service in Allegany County. Individual citizens contracted with Allegany County DSS for this purpose, and were reimbursed at the standard personal vehicle mileage reimbursement amount. All Medicaid recipients had to call Allegany County DSS for prior approval for nonemergency medical transportation. Once approved, the recipients individually arranged for their own transportation through the list of contracted drivers. This system posed many difficulties as follows:

- Confusion regarding relationship between drivers and DSS: Drivers and Medicaid recipients alike view the drivers as DSS employees. This erroneous perception placed riders in precarious positions, sometimes dangerous ones, as they did not understand their personal responsibility to check the license, insurance, and background of their driver. Drivers presented themselves to Medicaid recipients as DSS employees and sometimes received information that should not be disclosed.
- Driver appropriateness: There had been complaints from Medicaid recipients that drivers abused them physically or emotionally. Several drivers were known to Allegany County DSS through the child protection unit. Allegany County DSS cannot discriminate against these private contractors for reasons other than criminal convictions or lack of license or insurance, and are therefore unable to effectively address this problem. The confusion regarding the relationship between driver and DSS compounded the issue.
- Driver availability: As independent contractors, the drivers could refuse requests for service. Often a Medicaid recipient could not find a driver who would transport him/her to a medical appointment. The **appointment was** then rescheduled. DSS paid a per mile fee from the **point of pick up to the appointment** and back; travel to and from the driver's home was disallowed. In general, unless the driver lived near the rider, most drivers did not find it cost-effective to provide the transport.
- Inability to effectively: er iver prior e for

nonemergency trips, recipients scheduled their own rides. This system encouraged independence among Medicaid recipients and effectively used limited staffing resources. The drawback was that Allegany County DSS was unable to coordinate transportation among a variety of riders with appointments at similar times. This resulted in inefficiencies related to numbers of trips taken.

- Difficulty of Medicaid clients in navigating the system: While arranging for individual rides works reasonably well for most people without disabilities, it is extremely **difficult** for Medicaid recipients with developmental disabilities, serious mental illnesses, or other serious medical problems. Due to limited staffing, Allegany County DSS was unable to make transport arrangements on a regular basis. Other agencies had been helpful in filling these duties.

#### **History of Transportation in Allegany County. Calendar Year 2002**

Beginning January 1, 2000, Allegany County DSS contracted with Progressive Transportation to coordinate, schedule and pay for rides for Medicaid recipients. This initiative proved successful in delivering quality transportation services, eliminating the risk and problems incurred using private drivers.

After implementation, it was determined that the cost of professional transportation services, i.e., taxi level service provided by the contractor, exceeded the previous payments made to private drivers. It was duly recognized that, regardless of the higher cost now incurred, the quality of transportation was now appropriate.

At the Department's request, the contract was ended with Progressive Transportation on December 31, 2002. As of that date, Progressive Transportation no longer receives a monthly capitation payment. Payment to transportation providers is now made by Allegany County DSS on a **fee-for-service** basis.

## II. GENERAL DESCRIPTION OF THE WAIVER PROGRAM

A. The Department requests a waiver for the New York Non-emergency Transportation Program under the authority of Section 1915(b)(4) of the Social Security Act. The waiver program will be administered directly by staff of Allegany County DSS, with oversight by the Department, the single state Medicaid agency.

**B. Effective Dates:** Once approved by the Centers for Medicare and Medicaid, Allegany County will seek a transportation broker. An RFP will be released and competitive bids sought. The length of the contract is anticipated to be 3 years.

**C. The waiver program is called the:**

**Allegany County Non-emergency Transportation Program**

**D. Geographical Areas of the Waiver Program:**

The waiver will be implemented in the following areas of the State:

(1) \_\_\_\_\_ Statewide

(2) \_\_\_\_X\_\_\_\_ Other-than-Statewide

**E. State Contact:**

Timothy Perry-Coon, telephone number (518) 473-5533  
or (518) 474-9219

E-mail: **tip03@health.state.ny.us**

**F. Statutory Authority:** The State's waiver program is authorized under Section 1915(b)(4) of the ***Social Security Act*** under which the State restricts the provider from or through whom a recipient can obtain medical care.

The Department requests the approval of a waiver for implementation of specific transportation programs in accordance with the terms and conditions specified under the provisions of Section 1915(b)(4) of Title XIX of the ***Social Security Act***. Approval of this waiver request will allow the Department to restrict recipients

who are the fiscal responsibility of Allegany County DSS to specific transportation providers.

A Section 1915(b)(4) waiver is being requested so that Allegany County DSS may selectively contract with a single transportation coordinator.

As stated in Section 1915(b)(4), a coordinator or group of providers shall "...meet, accept, and comply with the reimbursement, quality and utilization standards under the State plan...."

The coordinator will be selected on the basis of "...demonstrated effectiveness and efficiency..." in providing such services. By demonstrating effectiveness and efficiency, the Department refers to the coordinator's ability to deliver necessary transportation services to Medicaid recipients while reducing costs or slowing the rate of cost increases by at least five percent (5%).

**G.** Relying upon the authority of the above section(s), the State would like a waiver of the following Sections of 1902 of the Act:

- I.    Yes    **Section 1902(a)(1)** - Statewideness--**This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State.

This waiver program is not available throughout the State.

- 2.    Yes    **Section 1902(a)(10)(B)** - Comparability of Services--**This section of the Act requires all services for categorically needy individuals to be equal in amount, duration, and scope.

The Department intends to allow the Allegany County DSS to arrange for transportation services, which may differ in scope from other districts. For example, recipients may be required to travel with a group of individuals by van whereas another district will allow a recipient in a similar situation an individual taxi ride.

However, the Allegany County DSS will assure that transportation is adequate and appropriate for the needs of each passenger.

In this waiver, the appropriate mode of transportation will be available for each recipient.

3.     Yes     **Section 1902(a)(23) – Freedom of Choice**—This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State.

Under this waiver, the choice of providers is restricted. Individuals in this waiver are required to receive transportation services from selected providers. The Department and LDSS will instruct recipients on how to access the single coordinator responsible to deliver transportation for medically necessary care and services. The recipients’ freedom to choose their transportation provider will be limited accordingly.

Such limitation will **not** apply to emergency transportation services and will **not** impair access to services of adequate quality when medically necessary.

Please note: This waiver will **not** prevent the recipient from receiving necessary transportation services. Under the waiver, the appropriate mode of transportation will be available.

**H. Recipient Figures:** The Average Monthly Medicaid Enrollees for Allegany County, for Federal Fiscal Year 2001, is 6,051. (Source: On-line SURS Information Retrieval System, New York State Department of Health, Office of Medicaid Management.)

**I. Waiver Populations:** The waiver is limited to the following target groups of recipients. Check all items that apply:

- 1.     Yes     AFDC - Aid to Families with Dependent Children.
- 2.     Yes     AFDC-Related
- 3.     Yes     SSI - Supplemental Security Income and SSI-related.
- 4.     Yes     Other – All remaining groups of recipients.

This proposal will affect all Medicaid recipients in need of **fee-for-service** non-emergency medical transportation requiring medically

necessary care and services.

For some Medicaid services offered throughout the State, the costs of transportation for a recipient to and from that particular service are included in the rate reimbursed to the service provider. These transportation services will not be affected by this proposal.

This proposal will not cover any emergency ambulance transportation. Throughout the State, a Medicaid recipient can request immediate, emergency ambulance transportation to a hospital emergency room.

**J. Distance/Travel Times:** Please define your access standards for distance/travel times for recipients to receive services.

Under normal circumstances (at least 48 hours notice), the coordinator will organize all transportation trips to ensure the greatest level of efficiency. Riders who live or are traveling to geographically similar locations will be grouped together. All travel time will be reasonable and appropriate, with most in-district travel being less than one hour.

Transportation riding time for trips outside the district will be reasonable in length, considering both pickup and destination locations.

Pickup and departure windows will be within 20 minutes of scheduled pickup time for those recipients living in one of the district's cities and villages, and within **30** minutes of scheduled pickup time for those living in the outlying areas.

**K. Independent Assessment:** The State will arrange for an Independent Assessment of the cost-effectiveness of the waiver and its impact on recipient access to care of adequate quality. This assessment will be submitted to CMS at least six months prior to the end of the current approved waiver period.

### III. PROGRAM IMPACT

In this section, please provide information on (a) affected recipients, (b) services, and (c) waiver providers.

#### A. **Affected Recipients**

All categories of Medicaid recipients may participate in the described transportation program.

Recipients who will be covered under the waiver will either:

1. Arrange and pay for their own transportation at no cost to the Medicaid program; or
2. Choose to be transported under arrangement of the coordinator being used by the Allegany County DSS.

Recipients are generally expected to arrange and pay for their own transportation services, the same way they would for other services in their daily lives. When recipients cannot arrange for their own transportation to medically necessary care and services, the Allegany County **DSS** will arrange and pay for transportation services to eliminate this barrier and provide accessibility.

Recipients who are unable to arrange and pay for their own transportation services will be required to use the transportation coordinator.

1. **Notification Process:** Please explain in detail the process through which recipients will be notified of the waiver program provisions. Allegany County **DSS** staff will develop a written explanation of the new system, outlining procedures to be followed, and will inform all users of transportation. Staff will also reinforce the new procedures verbally with all recipients as they request transportation services.
2. **Recipient's Choice of Providers.** If more than one provider is selected per geographical area, please address the following points:
  - (a) Will recipients be given the choice of selected providers? If so, how will they select a provider, and how will the provider

be informed of the recipient's choice?

Recipients will not be able to choose an alternate transportation provider. The coordinator will identify the appropriate transportation provider and complete arrangements for the transportation service.

- (b) How will beneficiaries be counseled in their choice of waiver providers?

Not applicable.

- (c) How will the recipient notify the State of provider choice?

Not applicable.

- (d) Define the timeframes for recipients to choose a waiver provider.

Not applicable.

- (e) Will the recipients be auto-assigned to a waiver provider if they do not choose? Yes \_\_\_\_\_ No X N/A

### 3. Implementation Process

- (a) Will implementation occur all at once?

X Yes

- (b) Will there be accommodations for special-needs populations such as the disabled, etc.?

X Yes

The level of disability, as determined by the physician's authorization and upon review of the request, will determine the appropriate mode of transportation and the necessity of an attendant when the recipient is transported.

4. Education Materials: Please include all relevant recipient education materials, including the initial notification letter from the State. Also, check the items which will be provided to the recipients:

A notification letter will be developed prior to program implementation, detailing specific procedures and policy for accessing services.

The Department will review and approve the letter before it is distributed to Medicaid recipients.

## **B. Services**

### **1. Description of Services:**

Please identify the Medicaid services which will be affected by the selective contracting process:

Services included under this waiver are non-emergency transportation services.

Emergency transportation services (i.e., immediate ambulance transportation to a hospital emergency room) are excluded.

## **C. Selection and Availability of Providers**

- I. Selection Criteria:** Please describe the provider selection process, including the criteria used to select the providers under the waiver. These include quality and performance standards that the providers must meet.

Allegany County DSS will follow all appropriate laws in developing a contract with the selected transportation provider.

Allegany County DSS will monitor the contract to guarantee cost-effectiveness. The County will work with the contractor for future cost containment and savings.

Allegany County will have specific requirements in the contract that include the following:

The contractor shall:

- Provide dispatching services from 6:00 a.m. to 6:00 p.m., Monday through Friday.

- e Provide a full-time coordinator for non-emergency Medicaid transportation services.
- e Provide phone lines.
- e Develop off-hours procedure with the approval of the Allegany County DSS.
- e Keep all records confidential in compliance with all applicable laws.
- e Make all payments to subcontractors.
- e Comply with service standards that include: Age and quality of vehicles: must have NYSDOT inspection certificate; 2-way radio; clean; appropriate seat belts.
- e Comply with driver requirements that include: proper and clean license; training in passenger relations and defensive driving; background check; physically and morally fit.
- e Maintain appropriate records; certify compliance with law.
- e Have transportation pick-up windows: 20 minutes within the county; 30 minutes for outlying areas. Destination times will be specified.
- e Have a complaint procedure, with the right to a fair hearing noted.

The coordinator will schedule the transportation to and from appointments. The coordinator will achieve efficiencies by establishing fixed routes and grouping transports to and from medical appointments.

When feasible or necessary, the coordinator will subcontract with another vendor to deliver appropriate non-emergency transportation. The coordinator will be required to negotiate in good faith with existing formal transportation providers in the area, but is not required to subcontract with each of them if agreements cannot be reached.

The coordinator will be the only participating non-emergency Medicaid transportation provider in the district. Medicaid recipients must receive prior approval for all non-emergency transportation. The coordinator must be used for their transportation needs, unless they are able to drive themselves or prevail upon family members for such transportation. The coordinator will deliver or subcontract for professional transportation services.

3. Program Requirements: Below is a description of provider qualifications and requirements under the waiver. Providers must:
- a. Be Medicaid qualified providers and agree to comply with all pertinent Medicaid regulations and State plan standards regarding access to care and quality of service and meet general qualifications for enrollment **as** a Medicaid provider.

New York State License Requirements

The transportation coordinator must comply with the NYSDOT requirements and all other requirements of the authority under which it is legally bound.

- b. Not refuse to provide services to a waiver participant or **otherwise** discriminate against a participant solely on the basis of age, sex, race, physical or mental handicap, national origin, or type of illness or condition, except when that illness or condition can be better treated by another provider type.

The Department requires that no transportation provider will discriminate against a participant solely on the basis of age, sex, race, physical or mental handicap, national origin, or type of illness or condition.

The contract with the provider will specifically note these civil rights provisions.

Civil Rights adherence is a condition of participation in the Medicaid program. The county and/or the coordinator will investigate any complaints of discriminatory practice and refer to the Department for appropriate action.

Monitoring Quality: All transportation providers are required to have a valid license and maintain minimum standards established by the NYSDOT.

The Department has established a formal line of communication with NYSDOT. DOT informs the Department when a particular provider is out of compliance with the requirements of that agency. The Department then takes appropriate action.

Specific requirements for compliance with all DMV and DOT regulations will be specifically detailed in the Allegany County contract.

#### Complaint Procedure: Recipients

New recipients will receive written material and counseling by the LDSS on how to access transportation services and what to do if they have a complaint.

When a client feels that he/she has a legitimate complaint, the coordinator will conduct as complete an investigation as possible, ascertain the validity of the complaint, and, if necessary, follow-up with corrective action. Complaints will be logged and investigated by the coordinator if the complainant leaves a name, address and telephone number.

A client may, if not fully satisfied with the corrective action taken by the coordinator, file the complaint with the Allegany County DSS for further investigation. Final authority in determining the action taken in a complaint is with the Allegany County DSS. Recipients shall have full access to the Department's fair hearing process.

The coordinator will file at least quarterly with the Allegany County DSS a report setting forth all complaints received and the manner of disposition. In addition, the Department will look at complaint logs during site visits and on an ad hoc need-to-know basis.

#### Complaint Procedure: Coordinator

The coordinator and any subcontractors may file complaints about recipients with the LDSS when:

- Recipient behavior compromises safety;
- The coordinator suspects fraud; and,
- Any issue that is deemed transportation relevant with regard to recipient safety.

The complaint is filed with the Allegany County DSS. With the filing of the complaint, a complete investigation will be conducted by both the coordinator and the Allegany

**County DSS. Corrective action will be taken as needed.**

**Serious complaints regarding coordinator quality, made by either the district or recipients, will be referred by the Department to DOT for investigation and necessary action.**

- 3. Reimbursement of Providers:** Under this waiver, providers are reimbursed on the following basis:

\_\_\_\_\_ fee-for-service

  X   capitated

## IV. ACCESS TO CARE AND QUALITY OF SERVICES

- A.** General: The beneficiary's access to quality medical services must at a minimum not be adversely affected by a 1915(b)(4) waiver program. A waiver must assure an adequate amount of services during reasonable time periods and within reasonable geographic distance from the residences of the individuals enrolled under the waiver. Furthermore, access to emergency services and family planning services must not be restricted.

All modes of transportation service will be available on a daily basis for Medicaid recipients. Transportation will be available to all medically necessary care and services covered under the Medicaid Program, including emergency and family planning services.

The recipient's access to medically necessary care and services will not be adversely affected. Recipient transportation services will be improved access to care and services by:

- creating a single telephone contact number for transportation requests,
- educating recipients on how to receive the appropriate mode of transportation,
- improving the availability of public transportation, and
- allowing county staff time for other necessary activities.

This waiver will not in any way restrict recipient access to emergency transportation services, i.e., ambulance transportation to a hospital emergency room. Emergency ambulance transportation is accessed when a recipient or other individual calls local emergency services and requests the assistance of ambulance personnel. Transportation is provided immediately. No inquiry as to Medicaid or other insurance eligibility is made until the care of the patient is transferred to emergency room personnel.

**B.** Monitoring Access:

1. Service Access Areas: Please explain in detail the State's plans to monitor and improve the following areas of service access;

- a. time and distance
- b. waiting times to obtain services
- c. beneficiary knowledge of how to appropriately access waiver services

In this waiver, a coordinated process requires all recipients to call a central telephone number. This insures control of all requests, enabling the coordinator to schedule transports comprehensively. The Department will verify that there is a central, toll-free number accessible to all recipients.

Under normal circumstances (at least 48 hours notice), the coordinator will organize all transportation trips to ensure the greatest level of efficiency.

Riders who live or are traveling to geographically similar locations will be grouped together. All travel time will be reasonable and appropriate, with most **in-district** travel being less than one hour. Transportation riding time for trips outside the county will be reasonable in length, considering both pickup and destination locations.

Transportation pickup and departure window will be within 20 minutes of scheduled pickup time for those recipients living in one of the district's cities and villages, and within **30** minutes of scheduled pickup time for those living in outlying areas. The Department will insure that this requirement is included in the contract agreement with the coordinator. Further, the Department will inquire about any complaints recipients have lodged.

Recipients will receive initial counseling and written notice on how to request access appropriate transportation services at the Allegany County DSS. The recipient is supported and additional counseling offered by the coordinator. One of the benefits of this waiver initiative is the continual reinforcement given by the coordinator to assure recipients dependable access to medically necessary care and services personalized for that individual recipient.

2. Procedure for Monitoring: ***Beneficiary access to care will be monitored during the waiver period by the State as indicated below.***

### Pre-waiver Monitoring

The Department will work with LDSS staff to prepare the final draft of the waiver package, with the cost-effectiveness analysis.

The Department will require a draft RFP, contract and client notification for review, comment, and approval before any of these items are issued. If there are any problems with these documents the Department will provide technical assistance.

The final draft will be sent to LDSS Commissioner for approval.

When DOH receives the LDSS Commissioner's approval, the waiver will be sent to the DOH Deputy Commissioner, Office of Medicaid Management, for approval and submission to CMS.

CMS will review the application and develop questions, which must be answered. When the questions have been resolved, CMS will approve the waiver.

After waiver approval, the LDSS may let their RFP and contract with a transportation coordinator.

### **Post waiver Monitoring**

The Department will perform an initial site visit to determine the program is running without problems. A second site visit will be made to this district within six months of approval. These visits will be recorded, and findings will be made available upon request. Any deficiencies will be noted, and the district will be instructed on corrective actions. Follow-up to assure corrective measures have been put in place will be done by the Department.

Complaints will be reviewed by the Department at the time of the site visit, and, on an ad hoc need-to-know basis.

- C.** Monitoring Quality of Services: Please explain in detail the State's plans to monitor and assure quality of services under the waiver program. Please describe how the State will monitor the following:

1. Complaints, grievance and appeals system.

The district receives reports from the coordinator with detailed information about riders and trips.

The district will receive reports containing information about any rider complaints and resolution.

The district will track the number of fair hearing requests received regarding medical transportation, indicating both **issue(s)** involved and disposition of the fair hearings.

These reports will be reviewed at the time of the site visit, and as needed by the Department.

The district will schedule periodic meetings with the coordinator to discuss issues of common concern.

#### Complaints:

Complaints made by recipients will be reviewed by the district. A log of recipient complaints with resolution will be maintained. The Department will review these complaints at the time of the site visit. The Department will also request information on an ad hoc need-to-know basis.

#### Grievance Process:

Recipients will be instructed to submit complaints to the coordinator for resolution. If unresolved, the recipient may elect to make a complaint, verbally or in writing to the district.

The district staff person will seek resolution of the problem. If unresolved, the recipient retains the right to a fair hearing.

#### Appeals System:

Waiver recipients will be entitled to fair hearings. The Department regulations governing such hearings appear at Part 18 of the **New York Code of Rules and Regulations** (NYCRR) 358.3 et seq; such regulations wholly conform to the requirements of 42 C.F.R. 431.200 et seq.

Recipients will not be able to challenge a district's decision to propose and implement any of the specific waiver models

described above. This decision is the prerogative of the district and the Department, and is not hearable.

The Department will monitor districts to insure these rights are available to recipients.

2. State Intervention: If a problem is identified regarding access to care and quality of services problems, the State will intervene as noted below (please indicate which of the following the State utilizes.)

- (a) ☒ Education and informal mailing
- (b) ☒ Telephone and/or mail inquiries and follow-up
- (c) ☒ Request that the provider respond to identified problems
- (d) ☒ Referral to program staff for further investigation
- (e) ☒ Corrective action plan, as necessary

The Department will use any and all measures necessary to assure quality service delivery for Medicaid recipients to medically necessary care and services.

## V. COST-EFFECTIVENESS

- A.** General: To demonstrate cost-effectiveness, a waiver request must show that the cost of the waiver program will not exceed what Medicaid's cost would have been in the absence of the waiver. The cost-effectiveness section provides a methodology to demonstrate that the waiver program will be less costly than what costs would be without the waiver.

In the Evaluation of the New York State Non-Emergency Medicaid Transportation Waiver, submitted to CMS in September 2001, the initiatives resulted in a gross savings of \$7,608,131 over the three years evaluated.

Allegany County's transportation initiative will use the same coordination model as those districts which were evaluated.

- B.** Rationale for Expected Cost Savings: Please explain the State's rationale for expected cost reductions under the waiver program. Include all assumptions made regarding changes due to inflation, utilization rates, State Plan payment rates, and other factors.

The Department used the rate of general Medicaid spending, and applied this to Allegany County's actual and targeted expenditures, and calculated savings. As noted in Appendix A, Allegany County DSS is expected to save more than the 5% requested in the waiver requirements.

- C.** Program Savings

What is the rationale for savings (i.e., how is the district able to reduce projected expenditures by at least 5% from current expenditures while assuring transportation to necessary medical care and services)?

It has been the Department's experience with current initiatives that cost efficiencies are available when a transportation expert coordinates transportation. These efficiencies are the result of:

- group rides;
- routing of trips; and

- utilization of the most appropriate mode of transportation, particularly public transit.

The cost savings will be realized through the provision of coordinated, efficient, and cost-effective management of medical transportation services. This will reduce both overall transportation costs and administrative time for Allegany County DSS.

#### **D. Format for Showing Savings Summary**

1. The following schedule shows the calculation of the State's program benefit costs under the waiver (if these are not applicable to the State's methodology, please attach the calculations).

Please see Appendix A, "Analysis of Allegany County Waiver Cost Savings."

# Appendix A

## Analysis of

## Allegany County Waiver Cost Savings

Allegany County Waiver Initiative

Adjusted Expendituresw/o Waiver, 1998' -----> \$681,823

Year ----->	1999	2000	2001	2002	2003	2004	2005
. NYSDOH Medicaid Annual % IncreaseFor All Services <sup>2</sup>	4.4%	4.5%	6.3%	7.8%	5.0%	5.0%	5.0%
!. Cumulative MedicaidAnnual % Increase (ConsecutiveSummation of Line ! )	4.4%	8.9%	15.2%	23.0%	28.0%	33.0%	38.0%
l NYSDOH MedlcaldAnnual % IncreaseAdjustment (Costs For 1998 Year * Line 2)	\$30,000	\$60.682	\$103,637	\$156,819	\$190,910	\$225.002	\$259,093
l. Anticipated Expendituresw/o Waiver Implementatlon (Costs For 1998 Year + Line 3)	\$711,823	\$742,505	\$785,460	\$838,642	\$872.733	\$906,825	\$940,916
la. Anticipated Expendituresw/o Waiver Implementation On a Per Member Per Month Basls Monthly Medicaid Enrollees FFY 2001 = 6,051 <sup>3</sup> (Line 4/ Monthly Medicaid Enrollees)/12 months	\$9.80	\$10.23	\$10.82	\$11.55	\$12.02	\$12.49	\$12.96
i.Target Expenditures(-5%) (Line 4 * 95%)						\$861,483	\$893,870
ia. Anticipated Expenditureswith Waiver Implementation On a Per Member Per Month Basis (Line 5/ Monthly Medicaid Enrollees)/12 months						\$11.86	\$12.31
3. Actual Expenditures							
7. Difference Between Anticipated w/o Walver Implementation and Target or Actual Expenditures (Annual Savings) (Line 4 - Line 5)						\$45,341	\$47,046
Total Savings For Waiver Period Years 2004 & 2005----->							\$92,307

<sup>1</sup>Expenditures adjusted to account for true cost of volunteer delivered transports.  
See explanation in document, section "Cost Effectiveness: Rationale for Expected Cost Savings."

<sup>2</sup> Percent increase from FFY 1995-2001 is all Medicaid expenditures. Source: NYSDOH On-Line SURS Information Retrieval System.  
2001-02 Percentage Used by Fiscal Management Group, Department of Health.  
2002-05 Percentage Is Program Staff's Conservative Estimate of Future Medicaid Spending.

<sup>3</sup>Average Monthly Medicaid Enrollees, Federal Fiscal Year 2001  
Source: DOH/OMM On-line SURS Information Retrieval System